

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Page 1 of 2

DOCUMENT # **P98000016415**
1. Entity Name
Condominium Living Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 22 AM 10:50

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1132 CARISSA Drive
Suite, Apt. #, etc.
City & State
Tallahassee, FL
Zip
32308 Country
USA

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
"
Zip
" Country
"

DO NOT WRITE IN THIS SPACE

4. FEI Number
#59-3646453 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Valerie L. Peacock
Street Address (P.O. Box Number is Not Acceptable)
1132 CARISSA Drive
City
Tallahassee, FL Zip Code
32308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE **[Signature]** DATE **Oct. 22, 2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Valerie Peacock 1132 CARISSA Drive Tallahassee, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400008677664 11/07/02--01071--007 **546.25
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** DATE **Oct. 22, 2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)

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To: Florida Division of Corporations

Date: October 22, '2002


Re: Reinstatement of Corporation

To Whom It May Concern:

For many years I have always timely and personally delivered the Corporation's Annual Report by hand to the Front Desk of the Division of Corporations Office in Tallahassee, FL. This year, upon receiving the Annual Report, UBR, the information was timely signed, a single check was attached for all, and submitted by mail along, with others, in a single envelope to the Division of Corporations. It has just come to our attention that the submission was obviously lost in the mail, and we are requesting that the following attached corporation be reinstated.

Your kind assistance in this matter is appreciated.

Sincerely,



Valerie L. Peacock
President

Blane May
11/2002